

## IGCS19-0590

182 DESCRIPTION OF PATIENTS WITH EARLY STAGE CERVICAL CANCER TREATED WITH SURGERY: FELLOWSHIP EXPERIENCE AT THE UGANDA CANCER INSTITUTE

<sup>1</sup>N Jane\*, <sup>2</sup>J Nkalubo, <sup>1</sup>J Ajeani, <sup>3</sup>M Nakalembe, <sup>2</sup>C Nakisige, <sup>2</sup>A Okoth, <sup>4</sup>S Ueda, <sup>5</sup>P Lee. <sup>1</sup>Mulago National Referral Hospital, Obstetrics and Gynecology, Kampala, Uganda; <sup>2</sup>Uganda Cancer Institute, Gynecology, Kampala, Uganda; <sup>3</sup>Makerere University college of Health Sciences, Obstetrics and Gynecology, Kampala, Uganda; <sup>4</sup>University of California San Francisco, Obstetrics and Gynecology, San Francisco, USA; <sup>5</sup>Duke University, Obstetrics and Gynecology, Durham, USA

10.1136/ijgc-2019-IGCS.182

**Objectives** Describe characteristics of cervical cancer patients managed with surgery at the Uganda Cancer Institute (UCI).

**Methods** Data collected prospectively and analysed of patients operated for Cax over 17months.

**Results** Thirty five (35) radical hysterectomies with pelvic lymph node dissection were carried out. Five were post neoadjuvant chemotherapy (NAC) patients.

Of the 35 surgeries, a fellow was first assistant in 19(54%) of the cases and primary surgeon in the rest. The youngest age was 24 years and the oldest 71 years with median age of 48.5 years, commonest histology type was squamous cell carcinoma. Of the five post NAC patients, three were FIGO stage 2A while two were FIGO stage 2B. Of the thirty patients who had primary surgery, one had surgery abandoned after being upstaged to stage 2B yet one patient died on table. The remaining 29 had complete surgery as planned average hospital stay was 5 days. Stage 1B1 accounted for twenty two (73.3%) patients followed by 1A2 five patients (16.6%), 1B2 three patients and none with 1A1 disease. At least one ovary was left in three of the patients and the rest (90%) had BSO. Lymphnode Pathology report was done in only seven patients who were negative while excision margins were commented on in six patients, as free and the rest were not reported. Stromal invasion was commented on among eleven patients and of these 10 had evidence of stromal invasion.

**Conclusions** Patients managed with radical hysterectomy at the UCI are young patients with mainly IB1, squamous cell carcinoma with under reporting on the histologic specimen after surgery.

## IGCS19-0414

183 SIGNIFICANCE OF BODY MASS INDEX CHANGE DURING CONCOMITANT CHEMO RADIATION IN LOCALLY ADVANCED CERVICAL CANCER

<sup>1</sup>O Kaabia\*, <sup>1</sup>G Nourallah, <sup>1</sup>L Aymen, <sup>1</sup>Z Rym, <sup>1</sup>B Mohamed, <sup>1</sup>K Hédi, <sup>2</sup>BA Slim, <sup>3</sup>B Nouredine. <sup>1</sup>Université de Sousse- Faculté de Médecine de Sousse- Hôpital Farhat Hached- LR12ES03- 4000- Sousse- Tunisia-, Gynecology and Obstetrics – Farhat Hached Teaching Hospital, Sousse, Tunisia; <sup>2</sup>Université de Sousse- Faculté de Médecine de Sousse- Hôpital Farhat Hached- 4000- Sousse- Tunisia-, Medical Oncology – Farhat Hached Teaching Hospital, Sousse, Tunisia; <sup>3</sup>Université de Sousse- Faculté de Médecine de Sousse- Hôpital Farhat Hached- 4000- Sousse- Tunisia-, Radiotherapy – Farhat Hached Teaching Hospital, Sousse, Tunisia

10.1136/ijgc-2019-IGCS.183

**Objectives** To evaluate the influence of body mass index (BMI) changes during concomitant chemotherapy and

radiotherapy on oncologic and surgical outcomes in women with locally advanced cervical cancer.

**Methods** This is a monocentric prospective study including 106 patients with locally advanced cervical carcinoma (FIGO Stage IB2 and more) that were allocated concomitant chemotherapy and radiotherapy (CCR) with an inclusion period from 2000 to 2009 and a follow up until 2018. We calculated the BMI of the patients on the first day of each therapy session and on the day of the final MRI and on the day of the surgery.

**Results** The mean BMI at baseline and the final MRI was  $35.1 \pm 5.6$  and  $33.9 \pm 4.5$  kg/m<sup>2</sup> (P=0.046), respectively. During the CCR, 51 (48.1%), 29 (27.4%), and 26 patients (24.5%) had weight loss, no weight change, and weight gain, respectively, of which 11 (10.4%) had 10% or more weight loss and 20 (18.9%) had 10% or more weight gain. A pre-treatment BMI of  $\geq 25$ kg/m<sup>2</sup> was significantly associated with a higher complete response rate to the CCR (P=0.03) and a lower 10 year recurrence rate (P=0.043). A post-treatment BMI of  $\geq 25$ kg/m<sup>2</sup> was a significant factor for low recurrence rate (P=0.049). However, weight change during CCR was not significantly associated with complete response or 10 years recurrence rate. Pre and post-treatment BMIs changes were not associated with lower surgical complications rates.

**Conclusions** The BMI variation in patients undergoing CCR for locally advanced cervical cancer may alter the response and the prognosis, with no impact on surgical complications

## IGCS19-0735

184 COMMUNITY-BASED CERVICAL CANCER SCREENING IN KAFUE DISTRICT, ZAMBIA

<sup>1</sup>M Kalimamunulula\*, <sup>2</sup>MK Lubeya. <sup>1</sup>Women and Newborn Hospital, Department of Obstetrics and Gynecology, Lusaka, Zambia; <sup>2</sup>University of Zambia- School of Medicine-, Obstetrics and Gynecology, Lusaka, Zambia

10.1136/ijgc-2019-IGCS.184

**Objectives** Zambia has a high burden of cervical cancer, ranking 4th in sub-Saharan Africa, with an incidence of 41.4% and a mortality of 24.9%. However, access to cervical cancer screening remains a challenge. In 2012, a multidisciplinary team funded by the European Union was set up within a predominantly rural peri-urban community to conduct screening for cervical cancer for women who would otherwise not be able to access the service.

**Methods** Training of personnel to conduct the screening was done. Eight fully-equipped screening clinics were opened. The method of screening used Visual Inspection with Acetic acid. Any woman found with pre-cancerous cells was treated using the 'see-and-treat' approach using cryotherapy. Some women were screened through outreach/camps in the very rural community.

**Results** Four medical doctors, 16 nurses, seven para-medicals, and nine community workers were trained to use visual inspection with acetic acid and treatment of pre-cancerous cells. Eight-fully equipped screening clinics were opened. . The sensitization campaign reached over 10,000 people. Over 3500 women were screened for cervical cancer. Of these, 4% were treated for pre-cancer, and an additional 4% with suspicion of invasive disease were referred to the district hospital for biopsy.

**Conclusions** Programs that involve the community members and local social or religious structures are effective tools for sensitizing women on the need for cervical cancer screening. Provision of method of screening that avoids repeat visits to the health facility work well in hard to reach rural areas.

## IGCS19-0151

185

### STAGE 1B2 INVASIVE CERVICAL CANCER DIAGNOSED AT 20 WEEKS GESTATION: NEOADJUVANT CHEMOTHERAPY FOLLOWED BY CAESAREAN RADICAL HYSTERECTOMY AT TERM AND CHEMORADIATION: REPORT OF A CASE

<sup>1</sup>T Konney\*, <sup>2</sup>C Johnston, <sup>1</sup>K Amo-Antwi, <sup>1</sup>A Appiah-Kubi, <sup>1</sup>A Tawiah, <sup>3</sup>A Antwi-Kusi, <sup>4</sup>E Osei-Bonsu, <sup>1</sup>AT Odoi. <sup>1</sup>Komfo Anokye Teaching Hospital, Obstetrics and Gynaecology, Kumasi, Ghana; <sup>2</sup>University of Michigan, Division of Gynecologic Oncology, Ann Arbor, USA; <sup>3</sup>Komfo Anokye Teaching Hospital, Anaesthesia and Intensive Care, Kumasi, Ghana; <sup>4</sup>Komfo Anokye Teaching Hospital, Radiation Oncology, Kumasi, Ghana

10.1136/ijgc-2019-IGCS.185

**Objectives** The diagnosis and treatment of cervical cancer during pregnancy is a challenge that requires a multi-disciplinary approach. The management depends on the gestational age at diagnosis, the stage of disease, the woman's desire to continue the pregnancy and desire to preserve fertility. Neoadjuvant chemotherapy (NACT) is a treatment option for women diagnosed before 24 weeks gestation who wish to continue the pregnancy. Our objective was to present the first such case in West Africa.

**Methods** We present a 40-year old G3P2 with stage IB2 poorly differentiated squamous cell carcinoma of the cervix diagnosed at 20-weeks' gestation. She received 3 cycles of NACT with Cisplatin 75 mg/m<sup>2</sup> and Paclitaxel 135 mg/m<sup>2</sup> followed by caesarean radical hysterectomy and pelvic lymphadenectomy at 37 weeks and 4 days. We reviewed the relevant literature for similar cases.

**Results** The tumour size shrank by 50% by the third cycle and bleeding ceased by the start of the second cycle. The baby weighed 2.2kg with good Apgar scores. Histopathology showed resection margins to be free of disease, positive for lymphovascular space invasion, tumour size of 4cm and residual tumour in bilateral pelvic lymph nodes. The patient completed whole pelvic radiation and brachytherapy. Both mother and infant are doing well at 10 months post-treatment and are in surveillance.

**Conclusions** We demonstrate that NACT followed by caesarean radical hysterectomy is a safe option to delay delivery of the baby in the management of locally invasive cervical cancer first diagnosed in pregnancy. NACT led to cessation of vaginal bleeding and tumour shrinkage.

## IGCS19-0019

186

### CLINICAL OUTCOMES OF PATIENTS AFTER RADICAL SURGERY FOR LOCALLY ADVANCED CERVICAL CANCER TREATED WITH NEOADJUVANT CHEMOTHERAPY

JY Kwack\*, YS Kwon. Nowon Eulji Hospital, Gynecological Oncology, Seoul, Republic of Korea

10.1136/ijgc-2019-IGCS.186

**Objectives** The aim of this study is to investigate therapeutic benefits of neoadjuvant chemotherapy and survival outcomes in patients with locally advanced cervical cancer (LACC) after neoadjuvant chemotherapy (NACT) followed by radical surgery with or without postoperative adjuvant treatment.

**Methods** This study was retrospectively analyzed forty-seven patients who had LACC IB2-IIB were eligible for radical surgery NACT, between June 2005 and October 2015. The regimen of neoadjuvant chemotherapy was divided into three groups. Group 1 was Taxen with platinum, Group 2 was mitomycin, vincristine and platinum, and Group 3 was other regimens. Radical operability and response rate of NACT was analyzed and a survival outcome in patients with LACC with neoadjuvant chemotherapy followed by radical operation was analyzed according to regimen of NACT.

**Results** Group 1 was eleven, Group 2 was twenty-one, and Group 3 was fifteen patients. The maximal diameter of tumor on MRI before neoadjuvant chemotherapy was 4.78 cm (2.8–8.0, SD=1.19). The response rate of NACT is high in Group 2, 50.52% compared with 25.61% in group 3. All patients received radical operation via laparoscopy (76.4%) or laparotomy (23.4%) after neoadjuvant chemotherapy. The mean follow-up period was 49.6 months, SD=2.69. The recurrence rate was 38.3% (18/47). Five-year survival rate was 72.1% and overall survival in Group 2 was 84.9 months (Log-rank p value= 0.003).

**Conclusions** Despite of limitation of small number and retrospective study, our study suggests that NACT with MVP regimen in patients with LACC could be a good therapeutic option for radical operation and better survival outcome.

## IGCS19-0471

187

### CERVICAL DYSPLASIA AND CARCINOMA AFTER QUADRAVALENT VACCINATION AGAINST THE HUMAN PAPILLOMAVIRUS

K Dessources, P Cybulska, J Mueller L, G Gardner, C Brown, E Jewell, M Leitao M\*, N Abu-Rustum. Memorial Sloan Kettering Cancer Center, Surgery, New York, USA

10.1136/ijgc-2019-IGCS.187

**Objectives** Though highly effective, the vaccine against the human papillomavirus (HPV) does not completely eradicate the risk of cervical dysplasia and subsequent malignancy.

**Methods** We present a case series of patients treated between 2007- 2017 for cervical dysplasia or invasive carcinoma after immunization with at least 2 doses of the quadrivalent HPV vaccine. Demographic and clinicopathologic data were collected and descriptive statistics were used.

**Results** Thirty-five patients were identified. Median age was 21.0 years (range, 13–30) at diagnosis and 27.8 years (range, 18.2–36.1) at completion of HPV vaccination. Median follow-up was 17.1 months. Three doses were administered in 22 patients (62.9%). Fifteen patients (42.9%) had cervical dysplasia and 20 (57.1%) had invasive carcinoma. Squamous histology was present in 18 cases (51.4%) and adenocarcinoma in 17 cases (48.6%). All patients with invasive carcinoma had stage I disease while 10 (50%) had lymphovascular space invasion. Thirty patients (85.7%) had fertility-sparing surgery and 32 (91.4%) were treated with surgery alone. At the time of last follow-up, 32 patients (91.4%) had no evidence of